

6th,) 1844. The cases quoted by these authors, M. Demarquay gives at length, and founds on them the following description of the disease:—

Nasal calculi may exist alone, or in variable numbers. They may develop themselves on either side, and in the inferior or the superior regions of the nasal fossæ. It is, however, more especially in the inferior meatus that they appear to originate. They may be found in the frontal sinuses, or even in the maxillary sinus, and thence pass into the nasal fossæ. They may completely obstruct the cavities of the nose, incline the septum to one side, or even destroy it. Their volume varies from that of a pea to that of a pigeon's egg; their colour is black, gray, or white; their surface is uneven; and their centre is often constituted by a foreign body, or by the root of an incisor tooth. They are formed of the elements which are found in the secretions of the nasal fossæ, and in the tears—viz., mucus, phosphate of lime, and the carbonates of lime and magnesia.

The causes which give rise to nasal calculi are obscure. Graaf attributes them to gout, but his own case is the only one in which the gouty diathesis existed. Chronic inflammation of the nasal fossæ, and of the lachrymal gland, appear the most probable causes of this affection. In many cases, the calculus appears to have formed round a foreign body—a cherry-stone, for instance, the root of a tooth, or some other substance. The presence of one or more calculi in the nasal fossæ occasions so little annoyance in some as to be scarcely perceived, whilst in other cases the symptoms may be sufficiently severe to necessitate surgical interference. The most frequent symptoms are, a certain degree of dryness in the affected nostril, accompanied by a sensation of obtusion and weight, and by difficulty of respiration. Sometimes there is acute pain in the nose or forehead, of either a constant or an intermittent nature. The inflammation of the surrounding parts may become severe, and give rise to an abundant fetid suppuration. The nose may become externally deformed. The eye may participate in the inflammation, or be bathed in tears, as in *fistula lachrymalis*. This is more especially the case when the calculi form in the inferior meatus. On dilating the nostrils, the foreign body is sometimes at once perceived; in other cases it is too deeply situated to be recognized. When this occurs, a metallic sound, or the polypus forceps, should be introduced. The characteristic sound produced by their striking against the calculus will at once show what is the disease. If situated in the frontal sinuses, or very high in the nasal fossæ, they may not be recognizable by either of these modes of exploration. Calculi thus developed in the nose have often remained very long without being recognized. Sometimes they have been expelled in a fit of coughing, or sneezing, but they have generally been extracted by the hand of the surgeon. Nasal calculus has given rise to numerous errors of diagnosis, the symptoms which it produces having been attributed to ozæna, to disease of the bones of the nose, &c. Generally speaking, however, it is not difficult for a surgeon, who is aware of the existence of such a disease, to recognize its presence.

The first indication to fulfil in the treatment is the extraction of the calculus, an operation which it is not always easy to accomplish. The extraction may generally be effected with a pair of polypus forceps. It must, however, be done with care, owing to the inequality of surface which the calculi present. When the calculi have been removed, the surgeon must, by an appropriate treatment, combat the inflammatory symptoms to which they have given rise. Emollient and astringent injections are often very useful. If it is supposed that the presence of the calculi is connected with any general diathesis, it must be treated by appropriate remedies.—*Lancet*, 26 July, 1845, from *Gazette des Hôpitaux*.

61. *Remarkable case of accidental Amputation of the Arm.*—A baker's boy, a youth of about twenty years of age, was engaged in raising some sacks of corn by a windlass. For the sake of a frolic he seized hold of the chain, wishing to be raised to the upper part of the granary; but he was drawn so high, that his head came against that portion of the roof through which the chain passed. Not being able to hold by the chain, he fell with his arms stretched out. In falling, his left arm came in contact with the top of a door below, which was standing open; and the force was such, that the arm, which was bare, was completely separated, at about a hand's breadth, from the shoulder-joint. His body fell on one side of the door,

and his arm on the other. Under this extraordinary amputation the arm appeared as if it had been chopped off by an axe; the bone and muscles were as evenly separated as if they had been divided by a blunt knife, and the end of the bone was not at all splintered, a few nervous filaments only hanging from the wound. The fall of the patient must have been broken by his arm coming thus in contact with the edge of the door; for the only injuries to his person were a few contusions and abrasions about the skin of the face. He was, however, at first speechless and insensible, but he recovered his speech and consciousness in a few days. The wound bled but little; it was dressed, and the brachial artery was tied, to guard against accidental hemorrhage: the nervous filaments were cut off, but neither the muscles nor the bone required the use of a knife or a saw. Fever with delirium followed. A strict antiphlogistic regimen was adopted, and ice was applied to the head. This treatment was attended with benefit. The wound of the arm, which was at first discoloured, assumed a good appearance; healthy suppuration came on, and the patient, after about two months, was perfectly restored. The stump cicatrized well, and the bone was completely covered with skin.—*Lond. Med. Gaz.*, July 1845, from *Caspar's Wochenschrift*, April, 1845.

62. *Case of Excision of the upper end of the Femur in an example of Morbus Coxarius.* By Wm. Fergusson, Esq., Prof. Surg. in King's College.—John Clark, æt. 14, suffered for fifteen months from hip disease, and in February, 1845, was in the last stage of hectic. The head of the femur was displaced on the dorsum ilii, and could be felt by the finger passed into a large sinus connected with the disease. The limb on the affected side was between four and five inches shorter than the other, and much distorted by flexion at the knee and hip. There was no indication of disease of the bones of the pelvis, and the head of the femur seemed the principal cause of suffering.

On the 1st of March, 1845, the author made a longitudinal incision on the hip over the head and neck of the bone, and those parts, with a portion of the shaft, including the trochanters, were removed, the bone being cut across with a common saw. The patient bore the operation well; the previous bad symptoms soon disappeared, and in two months he was able to move about the wards of the hospital on crutches, the wound being nearly closed.

The paper concludes with a short historical sketch of the operation, whereby it is shown that this is the second instance in which it has been successfully performed in this country, having been first proposed by Mr. Charles White, of Manchester, in 1770, and first performed by Mr. Anthony White, of the Westminster Hospital, in 1818.—*Proceedings of R. Med. Chirurg. Society in Lond. Med. Gaz.*, July 18th, 1845.

OPHTHALMOLOGY.

63. *On a possible explanation of the adaptation of the Eye to distinct vision at different distances.* By Prof. FOUVEX. (Read 16 Dec., 1844.)—The idea suggested in this paper occurred to the author three years ago, from reflecting that the destruction of the spherical aberration in the eye might be affected by a modification of the curvature of the lens, as well as by the variable density which it is known to possess, and which has usually been accounted for as intended for that purpose.

The author considering the probability to be almost infinite against the sphericity of the surfaces (a necessary evil in our instruments, but inexplicable in a natural organ), a conviction which he afterwards found to be reduced to certainty by experiments which have actually been made on the figure of the lens—he conceived that the variable density of this part of the eye must have some other cause. He considered it likely that it might contribute to the focal adjustment of the eye in the following way:—The lens is composed of coats more firm and tenacious, as well as more refractive towards the centre, and less at the sides. These coats are also nearly spherical in the centre, forming a nucleus of considerable resistance. Hence the author supposes, that if the lens be compressed in any manner by a uniform hydrostatic pressure, it will yield more readily in a